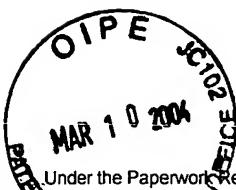


03-15-04

RCE/3732 AF



PTO/SB/30 (09-03)

Approved for use through 07/31/2006. OMB 0651-0031
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

Request For Continued Examination (RCE) Transmittal Address to: MS RCE Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450	Application Number	10/019,793
	Filing Date	May 3, 2002
	First Named Inventor	Bunz, et al.
	Art Unit	3732
	Examiner Name	A. Ramana
	Attorney Docket No.	NY-CERA 236-US

This is a Request for Continued Examination (RCE) under 37 CFR 1.114 of the above-identified application.

Request for Continued Examination (RCE) practice under 37 CFR 1.114 does not apply to any utility or plant application filed prior to June 8, 1995, or to any design application.

1. Submission required under 37 CFR 1.114 Note: If the RCE is proper, any previously filed unentered amendments and amendments enclosed with the RCE will be entered in the order in which they were filed unless applicant instructs otherwise. If applicant does not wish to have any previously filed unentered amendment(s) entered, applicant must request non-entry of such amendment(s).	
a. <input checked="" type="checkbox"/> Previously submitted. If a final Office action is outstanding, any amendments filed after the final Office action may be considered as a submission even if this box is not checked. <ul style="list-style-type: none"> i. <input type="checkbox"/> Consider the arguments in the Appeal Brief or Reply Brief previously filed on _____ ii. <input type="checkbox"/> Other _____ 	
b. <input type="checkbox"/> Enclosed <ul style="list-style-type: none"> i. <input type="checkbox"/> Amendment/Reply ii. <input type="checkbox"/> Affidavit(s)/Declaration(s) iii. <input type="checkbox"/> Information Disclosure Statement (IDS) iv. <input type="checkbox"/> Other _____ 	
2. Miscellaneous <ul style="list-style-type: none"> a. <input type="checkbox"/> Suspension of action on the above-identified application is requested under 37 CFR 1.103(c) for a period of _____ months. (Period of suspension shall not exceed 3 months; Fee under 37 CFR 1.17(i) required) b. <input type="checkbox"/> Other _____ 	
3. Fees The RCE fee under 37 CFR 1.17(e) is required by 37 CFR 1.114 when the RCE is filed.	
a. <input checked="" type="checkbox"/> The Director is hereby authorized to charge any additional fees, or credit any overpayments, to Deposit Account No. 50-0624 <ul style="list-style-type: none"> i. <input checked="" type="checkbox"/> RCE fee required under 37 CFR 1.17(e) 03/16/2004 SFELEKE1 00000038 10019793 ii. <input type="checkbox"/> Extension of time fee (37 CFR 1.136 and 1.17) 01 FC:1801 770.00 0P iii. <input type="checkbox"/> Other _____ 	
b. <input checked="" type="checkbox"/> Check in the amount of \$ 770.00 enclosed	
c. <input type="checkbox"/> Payment by credit card (Form PTO-2038 enclosed)	

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED

Name (Print/Type)	James R. Crawford	Registration No. (Attorney/Agent)	39,155
Signature			Date
			March 10, 2004

Request for Continued Examination Transmittal

I hereby certify that this correspondence is being deposited with the U.S. Postal Service as Express Mail, Airbill No. EV 331559257 US, in an envelope addressed to: MS RCE, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date shown below.

Dated: March 10, 2004

Signature: Eileen Sheffield

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OCTOBER 2004
MAR 10 2004
PATENT & TRADEMARK OFFICE

FEE TRANSMITTAL for FY 2004

Effective 10/01/2003, Patent fees are subject to annual revision.

 Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$ 770.00)

Complete if Known	
Application Number	10/019,793
Filing Date	May 3, 2002
First Named Inventor	Bunz, et al.
Examiner Name	A. Ramana
Art Unit	3732
Attorney Docket No.	NY-CERA 236-US

METHOD OF PAYMENT (check all that apply)

 Check Credit Card Money Order Other None
 Deposit Account:Deposit Account Number **50-0624**Deposit Account Name **Fulbright & Jaworski L.L.P.**

The Director is authorized to: (check all that apply)

 Charge fee(s) indicated below Credit any overpayments Charge any additional fee(s) or any underpayment of fee(s) Charge fee(s) indicated below, except for the filing fee

to the above-identified deposit account.

FEE CALCULATION (continued)

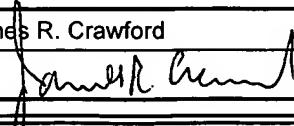
3. ADDITIONAL FEES

Large Entity	Small Entity	Fee Description	Fee Paid
Fee Code	Fee (\$)	Fee Code	Fee (\$)
1051	130	2051	65
1052	50	2052	25
1053	130	1053	130
1812	2,520	1812	2,520
1804	920*	1804	920*
1805	1,840*	1805	1,840*
1251	110	2251	55
1252	420	2252	210
1253	950	2253	475
1254	1,480	2254	740
1255	2,010	2255	1,005
1401	330	2401	165
1402	330	2402	165
1403	290	2403	145
1451	1,510	1451	1,510
1452	110	2452	55
1453	1,330	2453	665
1501	1,330	2501	665
1502	480	2502	240
1503	640	2503	320
1460	130	1460	130
1807	50	1807	50
1806	180	1806	180
8021	40	8021	40
1809	770	2809	385
1810	770	2810	385
1801	770	2801	385
1802	900	1802	900
Other fee (specify)			

*Reduced by Basic Filing Fee Paid

SUBTOTAL (3) (\$ 770.00)

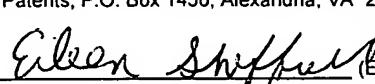
**or number previously paid, if greater; For Reissues, see above

SUBMITTED BY		(Complete if applicable)		
Name (Print/Type)	James R. Crawford	Registration No. (Attorney/Agent)	39,155	Telephone (212) 318-3148
Signature			Date	March 10, 2004

Fee Transmittal

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Dated: March 10, 2004

Signature:  (Eileen Sheffield)RECEIVED
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